

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445355	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  03/31/2014
NAME OF PROVIDER OR SUPPLIER  INDIAN PATH MEDICAL CENTER TRANSITIONAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BROOKSIDE DRIVE KINGSPORT, TN 37660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure corridor doors could freely close to resist the passage of smoke.</p> <p>The findings include:</p> <p>Observation and interview with the Engineering Tech, on March 31, 2014 at 8:00 p.m. confirmed corridor doors to residents rooms 709, 712, and 730 had isolation equipment mounted over the doors which obstructed the doors from closing. This finding was verified by the Engineering Tech and acknowledged by the Director of Nursing</p>	K 018	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The hangers that hold the equipment bag were placed over the door incorrectly (upside down); the hangers for 709, 712 and 730 were removed and replaced correctly.</p> <p>How will you identify other residents having the potential to be affected by the deficient practice and what corrective action will be taken? All residents have the potential to be affected by the deficient practice. All isolation equipment hangers have been assessed to ensure that doors will close appropriately when placed over the door correctly.</p> <p>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur? Facilities placed a symbol on the door brackets that will indicate the correct end of the bracket to place over the door; this will allow the door to close.</p>	3/31/14	4/2/14  4/23/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1 during the exit conference on March 31, 2014.	K 018	How the corrective action will be monitored to ensure the deficient practice will not recur? Education with the staff will be completed by the Director of Nursing of the unit. Completed by 4/25/14. The brackets that are in use will be checked daily during purposeful rounds by the Director of Nursing or designee. If found to be hung inappropriately the responsible staff will be reeducated and verbal counsel provided.	4/23/14	